

**Parent Authorization and Commitment
Brown Form**

2006-07

Name: Gerald A. Cheers Date of Birth: 2-27-90 Day Phone #: 566-9201

Email address: Jesgod127@Aol.Com

General Permission:

* I DO ☒ or DO NOT ☐ give my student permission to charge at the school store.

* I/We DO ☒ or DO NOT ☐ give permission to include our names in the Chapel Field student/parent directory.

Signature Mary M. Chew

Driver Authorization: During School

I have read carefully with my student page 22 of the Student Handbook: "Rides Home". However, for transportation regarding field trips, sports activities, outings, etc. may involve car pools and alternate transportation.

* Please circle appropriate word(s).

My student:

May or May Not, ride with any Chapel Field student drivers.

May or May Not, ride with other parents/faculty members.

May or May Not, ride on Chapel Field or chartered buses.

May or May Not, participate in field trips planned within school hours.

Signature Mary M. Chew

Financial Commitment:

I agree to pay the tuition payments as agreed under Item #5 of the Registration form and further agree to pay the Book Jail (school store) and supplemental charges as they occur monthly.

Signature Mary M. Chew

Handbook Affirmation Statement:

I have read carefully the student handbook for 2006-07, in its entirety, agree with its content and will not contest the school in carrying out its policies.

Gerald A. Cheers
Father/Guardian

Mary M. Chew
Mother/Guardian

Gerald A. Cheers
Student

Chapel Field Emergency Card

Student Name: Gerald A Cheers Age: 16 DOB: 2-27-90 Grade: 11
 Home Address: 113 Coach Lane, Newburgh NY Home Phone: 566-9201
 Father: Gerald W. Cheers Located at: Home address Cell Phone: 914-805-0077
 (First and Last Name) (During School) (845)
 Mother: Mary Cheers Located at: 121 Red School Rd Phone: 831-6600 ex 5701
 (First and Last Name) (During School)
 Step Parent/Guardian: _____ Located at: _____ Phone: _____

In the event of illness or injury... list emergency contact for care and transportation with phone number:

1. Gerald Cheers AT ^{listed} Number or 2. Carrie Graham AT 565-4672
 Note: Please advise these individuals you are listing them for emergency contacts.

Special Health Considerations: diagnosed with Asthma NO restrictions,
rest when needed or use pump
 Allergies: Ceclor Medication Taken Daily: Singular, Advair, Claritin

Has your child during the past year had any illnesses, injuries, operations or special medical care?
sprain Ankle

Provide Physician verification of immunization (if not on file in office)
 Please complete reverse side of this card

Medical Authorization and Approvals:

We will give the following medications, but ONLY with your prior approval. Please initial any of the following that you WILL allow us to give your child. Any additional medication that your student requires must come with a prescription from your doctor, and must be kept in the office.

Tylenol ☒ Ibuprofen _____ Benadryl ☒ Vicks 44 _____ Restrictions _____

* I have read the medication authorization and hereby give permission to Chapel Field to provide the medications upon my child's request, with indicated restrictions.

Parent or Guardian Signature: Mary M Cheers Date: 8-11-06

I/We, as legal guardians, authorize proper medical personnel to provide emergency medical care deemed necessary for Gerald who is my son/daughter in the event that I/We can not be contacted.

Parent or Guardian Signature: Mary M Cheers Date: 8-11-06

Our insurance company is: THE EMPIRE PLAN Policy #: 890043741
 Physician: _____ Phone: _____ Dentist: _____ Phone: _____

All students and new entrants are mandated to have physicals. Physical forms, including proof of immunization must be forwarded to the office.